

PART B – FEE(S) TRANSMITTAL

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Customer Number: 028524

Siemens Corporation
Intellectual Property Department
170 Wood Avenue South
Iselin, NJ 08830

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APPLICATION NO.	FILING DATE	FIRST NAME INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/783,133	02.20.04	John D. Haley Jr.	2003P03166 US01	7098

TITLE OF INVENTION:

System Enabling Server Progressive Workload Reduction To Support Server Maintenance

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$ 1440.00	\$ 300.00	\$ 1740.00	11.06.08

EXAMINER ART UNIT

Jakovac, Ryan J. CLASS-SUBCLASS

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached)</p> <p><input type="checkbox"/> "Fee Address" indication or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>
1 <u>Alexander J. Burke</u>	
2 _____	
3 _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siemens Medical Solutions USA, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Malvern, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order # of Copies _____

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- A check in the amount of the fee(s) is enclosed.
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- The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2179 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

The Director of the USPTO is requested to apply the Issue fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature Alexander Burke

Date 09.17.08

Typed or printed name Alexander Burke

Registration No. 40,425

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